MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

08940

Reg. Dist. No. 21

1. PLACE OF DEATH:
County Cecil
City or town C hesapeake City Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Cecil
City or town Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war not a Veteran

3.(a) FULL NAME James Evans Adams

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	married

6.(b) Name of husband or wife Gertrude E. Adams
6.(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 2-16-1874

8. AGE: Years 72 | Months | Days | If less than one day hrs. min.

9. Birthplace Ashley, Ohio (town, county, and state)

10. Usual occupation Showman

11. Industry or business

MOTHER FATHER 12. Name Demas Adams
13. Birthplace Ohio

MOTHER 14. Maiden name Rosebell Westbrook
15. Birthplace Ohio

16. Informant Mrs James Evans Adams
Address Chesapeake City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4-1946 (month) (day) (year)

Cemetery or crematory Bethel
Location Chesapeake City Rural Md

18. Funeral director Joseph R. Evans
Address North East Md

19. Sept 4 1946 (Date rec'd by registrar) Jesse R. Baffett Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1946 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 19 1946 to Sept 2 1946 and that I last saw him alive on Sept 1 1946

	DURATION
Immediate cause of death Pulmonary infarction	2 week
Due to Hypertension Cardio-vascular disease.	6 years
Due to	
Other conditions Partial left hemiplegia	3 years

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Henry V Davis M.D.
M. D. or other
Address Chesapeake City, Md Date signed 9/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

File No. 107 OCT 8 1946

08941

Reg. Dist. No. 95

1. PLACE OF DEATH:
County Cecil
City or town Colora (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 69 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Cecil
City or town Colora (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war Spanish American

3. (a) FULL NAME Custer Kemp Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife Alice Brown
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Oct. 22, 1877

8. AGE:	Years	Months	Days	If less than one day
68	69	10	21	..... hrs. ..... min.

9. Birthplace Colora, Cecil County, Maryland (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Joseph P Brown
13. Birthplace Colora, Md.
MOTHER 14. Maiden name Alice Mattson
15. Birthplace Pa.
16. Informant Joseph Brown
Address Colora, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/16/46 (month) (day) (year)
Cemetery or crematory Westnottingham
Location Colora, Maryland
18. Funeral director Ralph M Reed
Address Rising Sun, Md.
19. Sept. 15 1946 (Date rec'd by registrar) L.W. Worthington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1946 at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Medical Examiner Cecil County M. D. or other
Address Rising Sun Md Date signed 9-14-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 08942 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Union Hospital

How long in hospital or institution? 16 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL and give nearest towo)

Street No. 114 Hollingsworth Manor
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Bryan

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
—	—		16 hrs. ~~10~~ min.

9. Birthplace: Elkton Cecil Md
(Town), county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Franklin S Bryan
13. Birthplace: Reynoldsville, Md

MOTHER
14. Maiden name: Juanita Gullett
15. Birthplace: Little Rock Arkansaw

16. Informant: Franklin S Bryan
Address: Elkton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-9-46 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East Md

18. Funeral director: Joseph R Grant
Address: North East. md

19. Sept 9 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 7 1946 at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-7 1946 to 9-7 1946 and that I last saw h[illegible] alive on 9-7-46 1946

Immediate cause of death	DURATION
Premature Labor	
8 mo.	
Due to Premature Separation of Placenta.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R E Woodcock M.D. M. D. or other

Address: Elkton Md Date signed 9-9-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

08943

Reg. Dist. No. 96

1. PLACE OF DEATH:

County: Cecil

City or town: Perryville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Perryville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Elizabeth Burrows

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

B.(b) Name of husband or wife: Abner R. Burrows

B.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct. 14, 1878

8. AGE:

Years	Months	Days	If less than one day
67	11	6	...hrs. ...min.

9. Birthplace: Cecil Co., Md.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER 12. Name: Isaac Redgrave

13. Birthplace: Md

MOTHER 14. Maiden name: Mary E. Roe

15. Birthplace: Md.

16. Informant: Abner R. Burrows

Address: Perryville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 23, 1946 (month) (day) (year)

Cemetery or crematory: Hopewell

Location: Port Deposit, Md. Rural

18. Funeral director: Lewis Catterson & Son

Address: Perryville, Md.

19. Sept. 23, 1946 (Date rec'd by registrar) Irma E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 20 1946 at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1946, to Sept. 20 1946 and that I last saw h... alive on September 20 1946

Immediate cause of death: Pulmonary Tuberculosis — Heart disease — DURATION: 15 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Magnano M. D. or other

Address: Perryville Md. Date signed: 9-24-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-C)

CERTIFICATE OF DEATH

08944

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton - Union Hospital

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 q hours

Hospital, institution, or street address where death occurred: Union Hosp - Elkton Md

How long in hospital or institution? 2 q hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Perryville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Antonio Calvo (Calao)

3.(b) Social Security Number: 717-07-5485

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
male	White	married

(Libra M.) 6.(b) Name of husband or wife: Libia Calvo

6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): July 21, 1888

8. AGE: Years: 58 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: Penn. Railroad

FATHER — 12. Name: Vingemzo Calao

FATHER — 13. Birthplace: Italy

MOTHER — 14. Maiden name: Mary E. Devitto

MOTHER — 15. Birthplace: Italy

16. Informant: James Calao

Address: Perryville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 16 '46 (month) (day) (year)

Cemetery or crematory: Mt. Erin

Location: Havre de Grace, Md

18. Funeral director: Lee A. Patterson & Son

Address: Perryville, Md.

19. Sept 12 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 12 - 1946, at 3.45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 11, 1946, to Sept 12, 1946 and that I last saw h[illegible] alive on Sept 12, 1946

	DURATION
Immediate cause of death: Intestinal obstruction	
Due to: Strangulated Double Ventral Hernia	
Due to: Former Operation for Umbilical Calculus	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: Double Hernia - Intestinal Obstruction Date of op. Sept 11, 1946

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H A Caudwell M.D. (M. D. or other)

Address: Union Cent Md Date signed: Sept 13/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (111-a)

CERTIFICATE OF DEATH

08945

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Cecil

City or town: Veterans Administration Hospital Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years 2 days

Hospital, institution, or street address where death occurred:
Veterans Administration Hosp., Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Unknown County: Unknown

City or town: Unknown
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Unknown
(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3.(a) FULL NAME: CAROUSSOS, Nicholas G.

3.(b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Unknown

6.(b) Name of husband or wife: -

6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): July 22, 1889

8. AGE: Years	Months	Days	If less than one day
57	2	5	- hrs. - min.

9. Birthplace: Greece (Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: -

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records, Veterans Administration, Perry Point, Md.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-2-46 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Maryland

18. Funeral director: Pennington & Son
Address: PENNINGTON & SON, Havre de Grace, Maryland.

19. Oct 1 19 46 (Date rec'd by registrar) Irma E. Dunfordley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 27 19 46 at 3:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 25 19 26, to September 27 1946 and that I last saw him alive on September 27 1946

Immediate cause of death	DURATION
Pulmonary Embolism	Immediate
Due to	
Due to	
Other conditions: Dementia Precox, Hebephrenic type	Approx. 28 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: -

Date of op.: -

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: - Date of: -

Where did injury occur? - (City or town) - (County) - (State)

Injured at home, farm, industry, public place (where?):

Means of injury: - Injured at work? -

23. SIGNATURE: R. L. Dodson M.D. M. D. or other

Address: Perry Point Md. Date signed 9/27/46

Medical Examiner for Cecil County

Evidence for the change of age and date of birth is sh on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23d)

FILM No. I 08 ... 28 1946

CERTIFICATE OF DEATH

★ 089469 Reg. Diat. No. 1

1. PLACE OF DEATH:
County: Cecil
City or town: Chesapeake City md RD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 86 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Cecil
City or town: Chesapeake City md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: David P. Fillingame

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): — — 7860 1864

8. AGE:

Years	Months	Days	If less than one day
82 86	.		hrs. min.

9. Birthplace: Chesapeake City RD md
(Town, county, and state)

10. Usual occupation: retired merchant

11. Industry or business

FATHER
12. Name: John W Fillingame
13. Birthplace: Chesapeake md RD

MOTHER
14. Maiden name: no information
15. Birthplace

16. Informant: B F. Cronin
Address: Elkton md RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 23 1946 (month) (day) (year)
Cemetery or crematory: St Augustine
Location: St Augustine md

18. Funeral director: H C Pippin
Address: Elkton md

19. Sept 23 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 19 46 at 12 (Hour) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 44 to Sept 20 19 46 and that I last saw h... alive on Sept 19 19 46

Immediate cause of death: Chronic Myocarditis — DURATION: 2 years.
Due to: old age
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H ... Davis M.D.
Address: Chesapeake md Date signed: 9/23/46
M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)

P8947

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, Institution, or street address where death occurred:
Union Hospital, Elkton, Md.
How long in hospital or institution? 19 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: North St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Warren E. Malin

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret Malin
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): May 2, 1882

8. AGE:	Years	Months	Days	If less than one day
	64	5	16	hrs. min.

9. Birthplace: Corner Ketch, Del.
(Town, county, and state)
10. Usual occupation: Peanut Magistrate
11. Industry or business:
FATHER 12. Name: John W. Malin
13. Birthplace: Del
MOTHER 14. Maiden name: Eva No Maf.
15. Birthplace: No Info
16. Informant: Jack Malin
Address: Kennett Square Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 18 '46 (month) (day) (year)
Cemetery or crematory: Union Hill
Location: Kennett Square Pa
18. Funeral director: H. W. Pippin
Address: Elkton, Md.
19. Sept 18 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 15, 1946, at 1:30A.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 21, 1946 to Sept. 15 1946 and that I last saw him alive on Sept. 15, 1946

Immediate cause of death: Undulant Fever — DURATION: 26 days

Due to:

Due to:

Other conditions: Myocardial failure — 9-13
Sept. 13, 1946
(Include pregnancy within 3 months of death)

Major findings at operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Milford V. Spreeley, M.D.
M. D. or other
Address: Elkton, Md. Date signed: 9/17/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W)

CERTIFICATE OF DEATH

18948

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton - Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Union Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elsie Phillips

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Albert Phillips

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): March 11 - 1900

8. AGE:

Years	Months	Days	If less than one day
46	6	19	....hrs. ....min.

9. Birthplace: Cecil Co. Md

(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER

12. Name: Geo. R. Gones

13. Birthplace: Maryland

MOTHER

14. Maiden name: Susan Dorsey

15. Birthplace: Maryland

16. Informant: Joseph R. Grant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 1 1946 (month) (day) (year)

Cemetery or crematory: North East Meth-dist

Location: North East, Md.

18. Funeral director: Joseph R. Grant

Address: North East, Md.

19. Sept 30 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 29-1946 at 0455 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept-26 1946 to Sept-29 1946

and that I last saw h... alive on Sept 29 1946

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertension	Unknown
Due to:	
Other conditions: Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. H. McKnight M. D. or other

Address: Elkton - Md Date signed 9/29/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-2)

08949

CERTIFICATE OF DEATH

Reg. Dist. No. 94

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) --
2.(a) If veteran, name war

3.(a) FULL NAME: Anna Dorothy Reynolds

3.(b) Social Security Number: --

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Van Reynolds
6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): October 4th, 1877

8. AGE: Years	Months	Days	If less than one day
68	11	21	..... hrs. ..... min.

9. Birthplace: Perryman, Harford Co., Md
(Town, county, and state)
10. Usual occupation: HOUSEWIFE
11. Industry or business

FATHER
12. Name: Ernest Schirling
13. Birthplace: France

MOTHER
14. Maiden name: Caroline Ray
15. Birthplace: Germany

16. Informant: Van Reynolds
Address: Elkton Route 1, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 27, 1946 (month) (day) (year)
Cemetery or crematory: Spesutia Episcopal
Location: Perryman, Harford Co, Md
18. Funeral director: Joseph R Grant
Address: North East, Maryland

19. 9/26 (Date rec'd by registrar) 1946 Lida D Owens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25, 1946, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27/46 1946, to Sept 2- 1946 and that I last saw h- alive on Sept 2- 1946

Immediate cause of death	DURATION
Pulmonary Oedema	
Due to Carcinoma of Lung	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H A Campbell M. D. or other
Address: North East Date signed: Sept 26/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

08950

Reg. Dist. No. 95

1. PLACE OF DEATH

County: Cecil

City or town: Rising Sun Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rising Sun Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Wm Franklin Riley

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Lacie Smith

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Jan 7. 1867

8. AGE: Years 79 | Months 8 | Days 8 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Benj F Riley

13. Birthplace: Md

MOTHER

14. Maiden name: Martha Keithley

15. Birthplace: Md

16. Informant: Lacie Riley

Address: Rising Sun. Md

17. Burial, cremation, or removal. Which? Burial Date thereof (month) Sept (day) 12 (year) 1946

Cemetery or crematory: Penn Hall.

Location: Fulton Twp

18. Funeral director: F L Kauffman

Address: Peach Bottom, Pa.

19. (Date received by registrar) Sept 9 1946 L M Worthington Registrar

Permit issued Sept 9-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 9 1946; at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1946, to Sept 9 1946

and that I last saw him alive on Sept 7 1946

Immediate cause of death	DURATION
Carcinoma of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R L Dodson M.D.

M. D., or other

Address: Rising Sun Md Date signed: 9-9-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

Evidence for change of date of birth shown on Film G107 10/1/46 dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (07)

08951

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Veterans Administration Hosp. Perry Point Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 yrs. 11 mo. 30 da.
Hospital, institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point, Md.
How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: —
City or town: Baltimore,
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2924 Huntington Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war: Spanish American

3.(a) FULL NAME: RUHL, Maurice

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mrs. Carrie Ruhl
Deceased (c) If alive, give age: Unknown here

7. Birth date of deceased (mo., day, yr.): October ~~17~~ 19, ~~1875~~ 1876

8. AGE: Years	Months	Days	If less than one day
69 ~~70~~	10	~~16~~ 17	— hrs. — min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Railroad truckman

11. Industry or business: —

FATHER — 12. Name: Henry Marshall Ruhl
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Jane Kirk
15. Birthplace: Brooklyn, N.Y.

16. Informant: Hospital Records
Address: Veterans Administration, Perry Point, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Sept. 5, 1946 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Baltimore, Md.

18. Funeral director: Pennington & Son
Address: Havre de Grace, Md.

19. Sept 5 1946 (Date rec'd by registrar) Irma E. Dempsey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 4 1946, at 3:30P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 5, 1939 to Sept. 4 1946 and that I last saw him alive on September 4 1946

Immediate cause of death	DURATION
Pneumonia, Broncho	1 week
Due to:	
Due to:	
Other conditions: Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	Over 7 yrs.

Major findings of operations: — Date of op.: —
Autopsy results: Not performed
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: A. E. Hollinger
A. E. HOLLINGER M.D., Clinical Director
Address: Veterans Administration, Perry Point, Md. Date signed: 9/4/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85a)

CERTIFICATE OF DEATH

08952

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perryville, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 89 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Perryville,

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Samuel Gale Smith

3. (b) Social Security Number: X

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Emma Morgan Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 3, 1857

8. AGE: Years: 89 Months: 4 Days: 7 If less than one day ..... hrs. ..... min.

9. Birthplace: Perryville, Cecil Co., Md (Town, county, and state)

10. Usual occupation: Teamster

11. Industry or business

FATHER 12. Name: Thomas Smith

13. Birthplace: Cecil Co., Md.

MOTHER 14. Maiden name: Emily Rodenhi

15. Birthplace: Unknown

16. Informant: Lillian M. Smith

Address: Perryville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 14 1946 (month) (day) (year)

Cemetery or crematory: Asbury

Location: Port Deposit, Md., Rural

18. Funeral director: Lee A. Patterson & Son

Address: Perryville, Md.

19. Sept. 12 '46 (Date rec'd by registrar) Irene E. Daughaday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 10, 1946, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1946 to Sept. 10, 1946 and that I last saw him alive on Sept. 10 1946

	DURATION
Immediate cause of death: Cerebral Thrombosis	4 hrs
Due to: General Arteriosclerosis	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. F. Magraw M. D. or other

Address: Perryville Md Date signed Sept 11, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

08953

Reg. Diat. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 60 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: Not a Veteran

3.(a) FULL NAME: Richard Gustavis Underwood

3.(b) Social Security Number: 217-16-1500

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Dora B. Underwood

6.(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): November 21 1860

8. AGE: Years: 85 | Months: 9 | Days: 16 | If less than one day: hrs. min.

9. Birthplace: Elkton Rural, Cecil Co., Md
(Town, county, and state)

10. Usual occupation: Dentist - Bank President

11. Industry or business: Retired 6 yrs ↑ 1 yr

FATHER
12. Name: Benjamin Underwood
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Collis
15. Birthplace: Virginia

16. Informant: Dora B. Underwood
Address: North East, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9-8-46 (month) (day) (year)

Cemetery or crematory: M. Ebenezer

Location: North East, Md

18. Funeral director: Joseph R. Grant

Address: North East, Md.

19. 9-8 1946 (Date rec'd by registrar) Lida L. Crewe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 6 1946, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1945 to Sept. 6 1946 and that I last saw h alive on Sept. 5 1946

Immediate cause of death	DURATION
Chronic Bronchitis and Hypertension	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. B. Collins, M. D.
M. D. or other

Address: North East Md. Date signed: 9-7-46

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

18954

Reg. Dist. No. 96

1. PLACE OF DEATH:
County: Cecil
City or town: Port Deposit
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 76 Yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Port Deposit
(If ontside city or town limits, write RURAL and give nearest town)
Street No.: Main
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Albert Norris Vannort

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rebecca E.
6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Sept. 24, 1870

8. AGE: Years	Months	Days	If less than one day
76		6	hrs. min.

9. Birthplace: Port Deposit, Cecil, Md. (Town, county, and state)
10. Usual occupation: Clerk
11. Industry or business: U.S. Veterans Adm.
FATHER 12. Name: John G. Vannort
FATHER 13. Birthplace: Cecil Co., Md.
MOTHER 14. Maiden name: Mary J. Norris
MOTHER 15. Birthplace: Cecil Co., Md
16. Informant: Rebecca E, Vannort
Address: PortDeposit, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 3, 1946 (month) (day) (year)
Cemetery or crematory: Hopewell
Location: Port Deposit, Md. Rural
18. Funeral director: Lee A. Patterson & Son
Address: Perryville, Md.
19. Oct. 3 19 46 Irene E. Davis Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-30 19 46, at 9.00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 46, to 9-30 19 46 and that I last saw h.i.m alive on 9-30 19 46

Immediate cause of death	DURATION
Cardiac Failure	24 hrs.
Due to: Cancer of Lower colon & Chronic Hypertension	1 yr.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Port Deposit Md. Date signed: 9-30-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5-6)

08955

CERTIFICATE OF DEATH

Reg. Diat. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, Institution, or street address where death occurred: Union Hosp.

How long in hospital or institution? 9/9/46 To 9/17/46

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Md (If outside city or town limits, write RURAL and give nearest town)

Street No. 141 Collins Ave (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Wilson - Geo

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col	married

6.(b) Name of husband or wife: Mary M. Wilson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 9 - 1869

8. AGE: Years: 76 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Elkton Md - (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Geo Wilson

13. Birthplace: Elkton Md

MOTHER — 14. Maiden name: Henrietta Cole -

15. Birthplace: Kent Co - Maryland

16. Informant: Rose Veaf

Address: 117 Clinton St. Elkton Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof Sept 20 '46 (month) (day) (year)

Cemetery or crematory: Providence Cemetery

Location: Elkton Md.

18. Funeral director: Edw R. Bell

Address: 909 Poplar St. Wilmington Del

19. Sept 19 19 46 (Date rec'd by registrar) H H Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 - 19 46, at 12.05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 14, 19 46, to Sept 17, 19 46 and that I last saw h... alive on Sept 16 - 19 46

	DURATION
Immediate cause of death: Cardiac Failure	
Due to: Surgical Operation	
Due to: Prostatectomy	9/13/46
Other conditions: Carcinoma of Prostate	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of Prostate

Date of op. 9/13/46

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: D. C. Cantwell M.D. M. D. or other

Address: North East, Md. Date signed 9/17/46